Benetech
benefits • payroll • hr
P.O. Box 348 | One Dodge Street
North Greenbush, NY 12198
(518) 283-8500 | 800-698-4753
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Flexible Spending Account
Medical Expense Recovery Form

See reverse for instructions regarding this form.

Go Green – File a claim online! Log in at ***https://benetech.lh1ondemand.com****.*

Your Employer's Name _____

Your Name _____ **Your ID#** _____

Your Email _____

When submitting this form you must complete the information requested (all fields required) and attach an **Itemized Receipt or an Explanation of Benefits** from your insurance carrier for each expense.

Date(s) of Service	Patient Name & Relationship to Employee *(e.g., John Smith – spouse)*	Provider Name	Total Reimbursement Requested

By signing and submitting this form you acknowledge that all requirements of qualified health care expenses* per Section 213(d) of the IRS code (as documented in IRS Publication 502), as well as the plan document of your employer, have been satisfied.

I hereby certify:

- I will not claim any amounts reimbursed to me under this Plan as a deduction on my personal income tax return.
- I have not/will not be reimbursed for these expenses by other health plan coverage, including a Health Reimbursement Arrangement (HRA) plan or Health Savings Account (HSA) plan.
- The service(s) for which I am requesting reimbursement were incurred within the current FSA plan year.
- That the above statements are complete and accurate to the best of my knowledge.
- I understand that reimbursement is not a guarantee that this payment is tax-free.
- I agree to reimburse my employer and/or the administrator of an overpayment which is in excess of the amounts payable under the plan.

Your Signature (required) _____ **Date** _____

Any person who knowingly, and with the intent to injure, defraud or deceive any employer or administrator, files a statement of claim containing any false, incomplete or misleading information may be guilty of a criminal act punishable under law.

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Medical Expense Recovery Form Instructions

The form should be completed and signed by the Employee who established the Flexible Spending Account with the Employer listed in the first section on page 1.

- Enter your name, Employee ID Number (last 4 digits of your Social Security Number), and your email address.
- For each expense the following information is required:
  - List each date of service on a separate line (no date ranges please).
  - List the patient(s) name(s) and relationship(s) to you (the employee). Reimbursement requests for multiple family members may be submitted on the same form. Use separate lines for each patient.
  - List the name(s) of the provider(s). Indicate the grand total requested for reimbursement.
- If you need additional space for extra dates of services, please use an additional form or you may use a spreadsheet. If using a spreadsheet, all required information must be included and that spreadsheet must accompany a signed form. Spreadsheets without an accompanying form will not be accepted.
- Read the certifications carefully to make sure you understand your responsibilities and accountability.
- **The Employee's signature is required,** as indicated by the bold arrow. Please date the form as well in the space provided.

- **Substantiating documentation must accompany the form** (e.g., explanation of benefits (EOBs), itemized receipts, etc.). Itemized receipts need to include:
  - Patient name (name of person who incurred the service or expense)
  - Name and address of the provider or merchant
  - Date of service for the amount charged
  - Description of service
  - Amount due for the service

  Receipts for over-the-counter (OTC) items do not need to include the person's name, but the receipt must display the name of the item (e.g., bandages).


Local Pharmacy
12 Main Ave
Mytown, NY 12345
(800) 555-1234
DATE 08/01/17
Patient: JOHN DOE (518) 555-9876
Rx #: 1234567-12345
AMOXICILLIN 500MG CAPSULES
QTY: 90 0 Refill
$8.00

- Submit the form and substantiation to Benetech via:
  - **US mail --** to the address at the top of the page; or,
  - **Fax –** to 518.283.2384; or,
  - **Email –** to flexinfo@benetechadvantage.com